

# Index of Claims



Application/Control No.

10/791,054

Examiner

Troy Chambers

Applicant(s)/Patent under  
Reexamination

LUJAN, DARDO BONAPARTE

Art Unit

3641

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| + | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date    |  |  |  |  |  |  |  |  |  |
|-------|----------|---------|--|--|--|--|--|--|--|--|--|
| Final | Original | 12/8/05 |  |  |  |  |  |  |  |  |  |
|       | 1        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 2        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 3        |         |  |  |  |  |  |  |  |  |  |
|       | 4        |         |  |  |  |  |  |  |  |  |  |
|       | 5        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 6        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 7        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 8        |         |  |  |  |  |  |  |  |  |  |
|       | 9        |         |  |  |  |  |  |  |  |  |  |
|       | 10       |         |  |  |  |  |  |  |  |  |  |
|       | 11       |         |  |  |  |  |  |  |  |  |  |
|       | 12       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 13       |         |  |  |  |  |  |  |  |  |  |
|       | 14       |         |  |  |  |  |  |  |  |  |  |
|       | 15       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 16       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 17       |         |  |  |  |  |  |  |  |  |  |
|       | 18       |         |  |  |  |  |  |  |  |  |  |
|       | 19       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 20       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 21       |         |  |  |  |  |  |  |  |  |  |
|       | 22       |         |  |  |  |  |  |  |  |  |  |
|       | 23       |         |  |  |  |  |  |  |  |  |  |
|       | 24       |         |  |  |  |  |  |  |  |  |  |
|       | 25       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 26       |         |  |  |  |  |  |  |  |  |  |
|       | 27       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 28       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 29       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 30       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 31       |         |  |  |  |  |  |  |  |  |  |
|       | 32       |         |  |  |  |  |  |  |  |  |  |
|       | 33       |         |  |  |  |  |  |  |  |  |  |
|       | 34       |         |  |  |  |  |  |  |  |  |  |
|       | 35       |         |  |  |  |  |  |  |  |  |  |
|       | 36       |         |  |  |  |  |  |  |  |  |  |
|       | 37       |         |  |  |  |  |  |  |  |  |  |
|       | 38       |         |  |  |  |  |  |  |  |  |  |
|       | 39       |         |  |  |  |  |  |  |  |  |  |
|       | 40       |         |  |  |  |  |  |  |  |  |  |
|       | 41       |         |  |  |  |  |  |  |  |  |  |
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|       | 45       |         |  |  |  |  |  |  |  |  |  |
|       | 46       |         |  |  |  |  |  |  |  |  |  |
|       | 47       |         |  |  |  |  |  |  |  |  |  |
|       | 48       |         |  |  |  |  |  |  |  |  |  |
|       | 49       |         |  |  |  |  |  |  |  |  |  |
|       | 50       |         |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
|       | 51       |      |  |  |  |  |  |  |  |  |  |
|       | 52       |      |  |  |  |  |  |  |  |  |  |
|       | 53       |      |  |  |  |  |  |  |  |  |  |
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|       | 58       |      |  |  |  |  |  |  |  |  |  |
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|       | 61       |      |  |  |  |  |  |  |  |  |  |
|       | 62       |      |  |  |  |  |  |  |  |  |  |
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|       | 65       |      |  |  |  |  |  |  |  |  |  |
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|       | 67       |      |  |  |  |  |  |  |  |  |  |
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|       | 69       |      |  |  |  |  |  |  |  |  |  |
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|       | 71       |      |  |  |  |  |  |  |  |  |  |
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|       | 74       |      |  |  |  |  |  |  |  |  |  |
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|       | 81       |      |  |  |  |  |  |  |  |  |  |
|       | 82       |      |  |  |  |  |  |  |  |  |  |
|       | 83       |      |  |  |  |  |  |  |  |  |  |
|       | 84       |      |  |  |  |  |  |  |  |  |  |
|       | 85       |      |  |  |  |  |  |  |  |  |  |
|       | 86       |      |  |  |  |  |  |  |  |  |  |
|       | 87       |      |  |  |  |  |  |  |  |  |  |
|       | 88       |      |  |  |  |  |  |  |  |  |  |
|       | 89       |      |  |  |  |  |  |  |  |  |  |
|       | 90       |      |  |  |  |  |  |  |  |  |  |
|       | 91       |      |  |  |  |  |  |  |  |  |  |
|       | 92       |      |  |  |  |  |  |  |  |  |  |
|       | 93       |      |  |  |  |  |  |  |  |  |  |
|       | 94       |      |  |  |  |  |  |  |  |  |  |
|       | 95       |      |  |  |  |  |  |  |  |  |  |
|       | 96       |      |  |  |  |  |  |  |  |  |  |
|       | 97       |      |  |  |  |  |  |  |  |  |  |
|       | 98       |      |  |  |  |  |  |  |  |  |  |
|       | 99       |      |  |  |  |  |  |  |  |  |  |
|       | 100      |      |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
|       | 101      |      |  |  |  |  |  |  |  |  |  |
|       | 102      |      |  |  |  |  |  |  |  |  |  |
|       | 103      |      |  |  |  |  |  |  |  |  |  |
|       | 104      |      |  |  |  |  |  |  |  |  |  |
|       | 105      |      |  |  |  |  |  |  |  |  |  |
|       | 106      |      |  |  |  |  |  |  |  |  |  |
|       | 107      |      |  |  |  |  |  |  |  |  |  |
|       | 108      |      |  |  |  |  |  |  |  |  |  |
|       | 109      |      |  |  |  |  |  |  |  |  |  |
|       | 110      |      |  |  |  |  |  |  |  |  |  |
|       | 111      |      |  |  |  |  |  |  |  |  |  |
|       | 112      |      |  |  |  |  |  |  |  |  |  |
|       | 113      |      |  |  |  |  |  |  |  |  |  |
|       | 114      |      |  |  |  |  |  |  |  |  |  |
|       | 115      |      |  |  |  |  |  |  |  |  |  |
|       | 116      |      |  |  |  |  |  |  |  |  |  |
|       | 117      |      |  |  |  |  |  |  |  |  |  |
|       | 118      |      |  |  |  |  |  |  |  |  |  |
|       | 119      |      |  |  |  |  |  |  |  |  |  |
|       | 120      |      |  |  |  |  |  |  |  |  |  |
|       | 121      |      |  |  |  |  |  |  |  |  |  |
|       | 122      |      |  |  |  |  |  |  |  |  |  |
|       | 123      |      |  |  |  |  |  |  |  |  |  |
|       | 124      |      |  |  |  |  |  |  |  |  |  |
|       | 125      |      |  |  |  |  |  |  |  |  |  |
|       | 126      |      |  |  |  |  |  |  |  |  |  |
|       | 127      |      |  |  |  |  |  |  |  |  |  |
|       | 128      |      |  |  |  |  |  |  |  |  |  |
|       | 129      |      |  |  |  |  |  |  |  |  |  |
|       | 130      |      |  |  |  |  |  |  |  |  |  |
|       | 131      |      |  |  |  |  |  |  |  |  |  |
|       | 132      |      |  |  |  |  |  |  |  |  |  |
|       | 133      |      |  |  |  |  |  |  |  |  |  |
|       | 134      |      |  |  |  |  |  |  |  |  |  |
|       | 135      |      |  |  |  |  |  |  |  |  |  |
|       | 136      |      |  |  |  |  |  |  |  |  |  |
|       | 137      |      |  |  |  |  |  |  |  |  |  |
|       | 138      |      |  |  |  |  |  |  |  |  |  |
|       | 139      |      |  |  |  |  |  |  |  |  |  |
|       | 140      |      |  |  |  |  |  |  |  |  |  |
|       | 141      |      |  |  |  |  |  |  |  |  |  |
|       | 142      |      |  |  |  |  |  |  |  |  |  |
|       | 143      |      |  |  |  |  |  |  |  |  |  |
|       | 144      |      |  |  |  |  |  |  |  |  |  |
|       | 145      |      |  |  |  |  |  |  |  |  |  |
|       | 146      |      |  |  |  |  |  |  |  |  |  |
|       | 147      |      |  |  |  |  |  |  |  |  |  |
|       | 148      |      |  |  |  |  |  |  |  |  |  |
|       | 149      |      |  |  |  |  |  |  |  |  |  |
|       | 150      |      |  |  |  |  |  |  |  |  |  |